

AUTHORITY TO RELEASE MEDICAL INFORMATION AND RECORDS

Date: _____

In connection with an official investigation, I, _____
hereby authorize and request any and all doctors, hospitals, and other institutions having information or records pertaining to any medical or psychiatric examinations or treatment that I have received at any time to furnish full and complete information relative thereto to any duly authorized representative of the _____
who presents this authorization. This authorization specifically includes authority to release for examination and reproduction all pertinent psychiatric records, reports, diagnoses and clinical records, and specifically includes the request that any doctors with knowledge of my case freely furnish their evaluations and/or opinions.

(Signature)

Witness: